Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		TY	TYPE		OR SMALL		ENTITY
TOTAL CLAIMS							Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			4 7 minus 20=		* 23			X\$ 9=		OR	X\$18=	414
INDEPENDENT CLAIMS			/ 5 minus 3 =		* 12			X42=		OR	X84=	1008
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in					r "0" in c	olumn 2		ΓΟΤΑL	-	OR	TOTAL	2+62
CLAIMS AS AMENDED - PART II								·		•	OTHER	THAN
(Column 1) (Column 2) (Column 3)							S	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 30	Minus	** (13	=	-	X\$ 9=		OR	X\$18=	
	Independent	* //	Minus	***	S CLAIM	=		X42=		OR	X84=	
<u>L</u>	FIRST PRESE	NIATION OF MI	JLIIPLE DEF	ENDEN	CLAIM		-	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)	AD	DIT. FEE			ADDII. FEE	
		(Column 1) CLAIMS		HIGH	IEST	(Column 3)	_	<u>I</u>	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	T CLAIM	=		X42≃		OR	X84=	
	FINO I PRESE	NATION OF MI	JLIIFLE DEF	LINDEIN	CLANVI			⊦140 =		OR	+280=	
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	ΑU			-	,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***	T (1 1 1 1 1	-		X42=		OR	X84=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	* If th ntry in column 1 is less than the entry in column 2, write "0" in column 3.										TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	
	Th "Highest Nur	nber Previously Pa	uid For" (Total o	or Independ	dent) is the	e highest numbe	r found	in the ap	propriate bo	x in co	olumn 1.	